U.S. Petent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Pepermont Reduction Act of 1996, no persons are required to respond to a collection of information unless & displays a visid CMB control number.

PAT: IT APPLICATION FFF DETERMENT OF COMMERCE

PATE	Substitute for Form PTO-875 Effective December 8, 2004						Application or Docket Humber		
An	**************************************			SMÁL	SMALL ENTITY		OTHER THAN SMALL ENTITY		
FOR	MUMBER FREE	NUM	BER EXIRA	RATE (I)	FEE (S)	7			
BASIC FEE 01 CTR 1 10(0) [0] or [c]	NA :		NIA	N/A	150.00	1	RATE (1)	300.00	
BEARCH FEE BICFR 1'16(4), 14, 00 (m)	NA		N/A .	H/A .	\$250	1	N/A	\$500	
M CY . I HOW WILD !	N/A .		N/A	NA	\$100	1 .	· N/A	\$200	
DIAL CLAMS BLOFA (46(1)	· i minus	. ·	•	X\$ 25		OR	X\$50 .	14.00	
NOEP ENDENT CLA	minus	3		X100	-	1	X200		
PPUDATION SIZE EE IT CIR + 16(4))	le \$250 (\$125 for emell aniths) for analy								
NO LES PENDE	CLAIM PRESENT OF	. +160a]	4360e				
#th #1: ~inco	n 1 is less then zero. e	TOTAL] , ;	TOTAL .				
PPI	TION AS AMEND			•					
	Toluma 1)	(Column 2)	(Column 3):	SMALL	ENTITY -	OR	ABHTO :	THAN . ENTITY .	
8/14/06	LAIMS LAINING LETER HOMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE (I)	ADDI- TIONAL FEE (\$1/		RATE (S)	ADOI- TIONAL FEE (N)	
TOTAL PROM	10 · Minus	20	-	X\$.25 .	· /	OR .	X\$50 .	1221	
	Minus	<u> </u>	1.	X100 _	./	OR	X200 · _		
S. S.	(17 CFR 1.16(s))	1100-	 						
	OF MULTIPLE DEPENDENT CLAIM (D7 CFR 1,160)			4160=	-/	OR	+360=	-/	
		•	•	ADD'L FEE	L /	OR ·	ADDILFEE	-	
T	-luma 1)	(Column 2)	(Column 3)	· · · · ·	, 	· f			
	MING TER. MENT	NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE (S)	ADDI- TIONAL -FEE (5)		RATE (\$)	ADOI- TIONAL FEE (\$)	
1	Minus Minus	30	0	X\$ 25		OR .	X\$50 -		
	CFR 1.16(s))	3:	\mathcal{O}	X100 _		OR	X200		
	MALTIPLE DEPENDE	+180=			+360=				
Mare ·				TOTAL		OR L	TOTAL		
• N.A. Car In colm.	1 Is here throughouthouthouth	maakama 4 walla	Tri lu astrono di	ADD1 FEE			ADD LIFEE		
n in the control of t	the loss than the entry to oviously Paid For the iously Paid For the iously Paid For Co	N THIS SPACE II I THIS SPACE II Isl or Indopended	i bies then 20, e less than 2, ent nt) is the bishes	nier 20°. Ier 37°. Leumber found in r	he appropriate (NOX fot cod	oma 1.		
2	required by 37 CFR in Confidentially is good submitting the contour to complete this for imment of Commerce is signer for Pate	1.16. The Information overned by 35 U opicision application and/or auggestic. P.O. Box 1450.	nation is require IS.O. 122 and 3 In form to the Li lons for reducin Alexandria. VA	id to obtain or rate 17 OFR 1.14. This of 9PTO. Time will rai g this burden, show 22313-1450 CO.	in a benefit by collection is esti ny depending up id be sent to the	the publi nated to on the in	o which is to life take 12 minutes dividual case. An	A countifure.	

if you need assistance in completing the form, call 1-800-PTO-8198 and select option 2